

| Registration deadline | | |
|-----------------------|-------|-----|
| Year | Month | Day |

Performing arts – Multidisciplinary arts
(Development grants)

Please consult the **Grant Application Presentation Guide** and the grant program before filling out this form.

Please print in block letters if submitting a handwritten application. To facilitate photocopying, the application form and supporting documents must be printed on one side of the page only. Do not staple or bind the documents.

Name of applicant (in the case of a group project, indicate the coordinator's name) Individual project Group project

Mr. Ms. Family name _____ Given name _____

Year artistic practice started

Artistic discipline (indicate the appropriate discipline and the specialty or field)

- Circus arts Multidisciplinary arts Theatre Dance
 Non- classical music Classical music Contemporary music
 French-language Songwriting Songwriting other than French-language

Specialty or field _____

Examples : Contemporary music: Specialty or field: electro acoustic

Theatre: Specialty or field: writing

Is the field indicated the one in which you are pursuing your career? Yes No

Section requested

- Research and creation Commissioned works and residences Development and advanced training

Amount requested

Total amount requested _____ \$

The grants are paid in a lump sum to each individual, except for grants of \$12 000 or more, which may be paid in two instalments over two fiscal years.

The first payment of a grant awarded in conjunction with the September 2012 registration period will be made in January 2013 and the second payment, in January 2014, if need be.

In how many instalments do you wish to receive the grant? One Two

Nature and description of the project

Project title: _____

Duration of project: _____ Starting date (year/month/day) _____ Completion date (year/month/day) _____

Does your project rely on digital technologies (excluding office automation tools such as word processing) ? Oui Non

If the project is carried out outside Québec, indicate the place: _____

Describe your project in an appendix by indicating, among other things, how it reflects your artistic approach and how it will affect your work overall and your career.

(Maximum of four pages in 12-points type, or 2 000 words)

| | | | | | |
|-------------------------|--|-----------------------|------|-------|-----|
| Family name, given name | | Registration deadline | Year | Month | Day |
|-------------------------|--|-----------------------|------|-------|-----|

Documents to be submitted with the completed, signed application form

| | |
|--|---|
| <input type="checkbox"/> Project description (max.: 4 pages) | <input type="checkbox"/> Detailed work plan (max.: 2 pages) |
| <input type="checkbox"/> Curriculum vitæ (max.: 3 pages) | <input type="checkbox"/> Detailed budget |

Mandatory documents to be appended to the form specific to certain sections

| |
|--|
| <input type="checkbox"/> Letter of the host organization (<i>Commissioned works or residences</i>) |
| <input type="checkbox"/> Letter of acceptance from a professor or teacher (<i>Advanced training</i>) |

Supporting documents to be examined with the application

(Check off the appropriate items and indicate the number of supporting documents)

| | |
|--|---|
| <input type="checkbox"/> Compact discs _____ | <input type="checkbox"/> Collection of selected texts _____ |
| <input type="checkbox"/> DVD _____ | <input type="checkbox"/> Songs (lyrics) _____ |
| <input type="checkbox"/> Digital images (max.: 15) _____ | <input type="checkbox"/> Press kits (max.: 5 pages) _____ |
| <input type="checkbox"/> Manuscripts, scenarios (printed on one side of the page only) _____ | <input type="checkbox"/> Publications _____ |
| <input type="checkbox"/> Scores _____ | <input type="checkbox"/> Curriculum vitæ of the main collaborators (max.: 3 pages per person) _____ |
| <input type="checkbox"/> Other (specify) _____ | _____ |

PLEASE CLEARLY IDENTIFY EACH DOCUMENT BY INDICATING YOUR NAME AND ARTISTIC DISCIPLINE.

Description list of handwritten, printed or visual documents (digital images - maximum 15)

(Books, selected texts, scores, lyrics, scenarios, digital images , and so on)

| Important : Submit the PC-compatible files in JPEG format only. Submit images at a resolution of 72 PPI that do not exceed 1 MB. Save the images directly on a CD-ROM or DVD without creating files (directories). | | | |
|---|--------------|---|------------------------|
| No. | Date created | Author, title and description of the work | Additional information |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |

Description list of the audio and video material – Attach an addition sheet, if necessary.

(Please refer to the program to determine the types of acceptable documents, their duration and the number of copies required).

| Important : Make sure that your computer media are readable in the Windows environment. You are responsible for ensuring that all documents arrive intact at the CALQ and in the appropriate formats. In the case of video, MPEG (also called MPG) and AVI are the recommended formats. MP3 and CDA are the recommended audio formats. | | | | | | |
|--|--------------|--|----------|--------|---|------------------------|
| No. | Date created | Author, title of the work and a brief description of the document, if need be. Special instructions, notes or warnings. | Duration | Format | The applicant's role in the production (performer, designer, choreographer, and so on). | Additional information |
| | | | | | | |
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Your files must be readable using one of the following software packages:

- Internet Explorer, up to version 8;
- QuickTime version 7.6 or earlier: standard Macintosh video and audio format (.mov). Do not use an HD video format;
- Shockwave Player, up to version 10.2;
- Windows Media Player, up to version 11.0;
- Flash Player, up to version 10.0;
- Acrobat Reader, up to version 7.0;
- Microsoft Word, Excel, PowerPoint or Vision (all of them up to version 2000);
- ACDsee, up to version 6.0

Recommendations :

- Use audio/video production software that allows you to encode your works in such a way that they can be read on a home DVD reader. To obtain additional information, consult the DVD or video CD sections readable on a home DVD reader and audio CD readable on a home CD or DVD reader in the Grant application presentation guide.
- Users of the Mac OS must activate the function that allows them to automatically record the Windows extension at the end of the document name.

Please note that the CALQ does not accept audiocassettes, VHS and DVD Blue Ray.

The CALQ is not responsible for the loss of or damage to material sent with the file, as a result of shipping. Applicants are urged to avoid sending the originals of items or supporting documents, except for copies of catalogues. Only visual material, sound recordings and publications are returned to applicants within 90 days of the announcement of the results.

Applications sent by fax or e-mail will not be accepted.
Only original copies of the application duly signed by the artist will be considered valid.
Incomplete applications or those received after the registration deadline are not accepted.

On the envelope in which you mail your application, please indicate your artistic discipline and the section for which you are applying.

Identification of the artist

This page is confidential and will be withdrawn during the evaluation of the application.

Individual project applicant or group project coordinator

| | | | | | |
|---|--------|-------------|-----------------|--|----------------------------|
| Identification Number To avoid administrative errors concerning the identity of grant applicants, the CALQ requests that you provide the 6th, 8th and 9th digits of your social insurance number (SIN). Please fill in the appropriate boxes. | | | | | XXX - XX__ - X__ __ |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Surname and first name (in block letters) _____ Street address _____ | | | | | |
| No. | Street | Apartment | City | Province | Postal code |
| Postal address if different from the street address | | | | | |
| No. | Street | Apartment | City | Province | Postal code |
| *** **_**** | | *** **_**** | *****@*****.*** | | |
| Telephone (indicate the area code) | | Fax | | E-mail (required for acknowledgement of receipt) | |
| *** **_**** | | *** **_**** | | WWW.*****.***** | |
| Telephone (work) (indicate the area code) | | Fax (work) | | Website | |
| <p>Applicant or project coordinator's declaration</p> <p>In accordance with the general eligibility criteria governing the program, I hereby declare that:</p> <ul style="list-style-type: none"> • I am a Canadian citizen or a landed immigrant as contemplated in section 2(1) of the <i>Immigration and Refugee Protection Act</i>; and • I normally reside in Québec and have resided there over the past twelve (12) months. <p>By submitting this grant application to the CALQ, I implicitly agree that the assessors or the members of juries or committees may have access to personal or confidential information about me, as defined in the <i>Act respecting Access to documents held by public bodies and the Protection of personal information</i>, insofar as such information is necessary to enable them to perform their duties.</p> <p>I authorize the CALQ to conduct the necessary verifications with other granting agencies to ensure that the funds granted in respect of this application do not cover any expense pertaining to a project already supported under a program of any other agency.</p> <p>I have applied for another grant in respect of the same project. <input type="checkbox"/> Yes <input type="checkbox"/> No If so, from which organization? _____</p> <p>Name of program _____ Registration date _____</p> <p>I agree to abide by the rules of the program as stipulated and to comply with the CALQ's decisions, which are final.</p> <p>I also undertake to submit a detailed report on the use of the grant within three months after completion of the project.</p> <p>I hereby certify that the information provided is accurate and complete.</p> | | | | | |
| Signature _____ | | | | | Date _____ |

Identification of the group members

This page is confidential and will be withdrawn during the evaluation of the application.

Member of a group project (each member must fill this section)

| | | | | | | | | | | | | | |
|---|-----------------------------------|-----------|----------------|-----------|-------------|----------|-------------|---|-------------|--|----------------|--|--|
| <p>Identification Number To avoid administrative errors concerning the identity of grant applicants, the CALQ requests that you provide the 6th, 8th and 9th digits of your social insurance number (SIN). Please fill in the appropriate boxes.</p> | <p>XXX - XX__ - X__ __</p> | | | | | | | | | | | | |
| <p>Year artistic practice started</p> <p><input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Surname and first name _____ (in block letters)</p> <p>Street address _____</p> | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">No.</td> <td style="width: 30%;">Street</td> <td style="width: 15%;">Apartment</td> <td style="width: 15%;">City</td> <td style="width: 15%;">Province</td> <td style="width: 10%;">Postal code</td> </tr> <tr> <td colspan="6">Postal address if different from the street address</td> </tr> </table> | | No. | Street | Apartment | City | Province | Postal code | Postal address if different from the street address | | | | | |
| No. | Street | Apartment | City | Province | Postal code | | | | | | | | |
| Postal address if different from the street address | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">No.</td> <td style="width: 30%;">Street</td> <td style="width: 15%;">Apartment</td> <td style="width: 15%;">City</td> <td style="width: 15%;">Province</td> <td style="width: 10%;">Postal code</td> </tr> <tr> <td>*** **_****</td> <td>*** **_****</td> <td></td> <td>*****@****.***</td> <td></td> <td></td> </tr> </table> | | No. | Street | Apartment | City | Province | Postal code | *** **_**** | *** **_**** | | *****@****.*** | | |
| No. | Street | Apartment | City | Province | Postal code | | | | | | | | |
| *** **_**** | *** **_**** | | *****@****.*** | | | | | | | | | | |
| <p>Telephone _____ (indicate the area code)</p> <p>Fax _____</p> <p>E-mail _____</p> <p>Group member declaration</p> <p>In accordance with the general eligibility criteria governing the program, I hereby declare that:</p> <ul style="list-style-type: none"> • I am a Canadian citizen or a landed immigrant as contemplated in section 2(1) of the <i>Immigration and Refugee Protection Act</i>; and • I normally reside in Québec and have resided there over the past twelve (12) months. <p>By submitting this grant application to the CALQ, I implicitly agree that the assessors or the members of juries or committees may have access to personal or confidential information about me, as defined in the <i>Act respecting Access to documents held by public bodies and the Protection of personal information</i>, insofar as such information is necessary to enable them to perform their duties.</p> <p>I authorize the CALQ to conduct the necessary verifications with other granting agencies to ensure that the funds granted in respect of this application do not cover any expense pertaining to a project already supported under a program of any other agency.</p> <p>I have applied for another grant in respect of the same project. <input type="checkbox"/> Yes <input type="checkbox"/> No If so, from which organization? _____</p> <p>Name of program _____ Registration date _____</p> <p>I agree to abide by the rules of the program as stipulated and to comply with the CALQ's decisions, which are final.</p> <p>I hereby certify that the information provided is accurate and complete.</p> | | | | | | | | | | | | | |
| <p>Signature _____ Date _____</p> | | | | | | | | | | | | | |

Duplicate a box as needed.

General information for statistical purposes

(To be filled by applicant and each member of the group)

This questionnaire is intended to provide statistics on the socio-economic status of professional artists who apply for grants offered by the CALQ. This information will be taken into account when the program is adjusted and will make it possible to assess and enhance the CALQ's initiatives aimed at artists.

The information you provide is confidential and will be used for statistical purposes. This page will be withdrawn during the evaluation process.

Artists who have registered may consult the nominative information pertaining to them in the CALQ's possession, pursuant to sections 83 to 85 of the *Act respecting access to documents held by public bodies and the protection of personal information*, especially with respect to the collection of personal information.

Thank you for your collaboration.

Mr. Ms.

Surname and first name
(in block letters)

Demographic characteristics

| | | | | | | |
|---|----------------------------------|---|--|---------------|--|---------------------------------|
| Date of birth | Year | Month | Day | Mother tongue | <input type="checkbox"/> English | <input type="checkbox"/> French |
| | | | | | <input type="checkbox"/> Other (specify) : | |
| Place of birth | <input type="checkbox"/> Québec | <input type="checkbox"/> Other province | <input type="checkbox"/> Other country (specify) | | | |
| To which ethnocultural group do you belong? | | | | | | |
| <input type="checkbox"/> French | <input type="checkbox"/> English | <input type="checkbox"/> Native person | <input type="checkbox"/> Other (Arab, Chinese, Latin American, and so on) specify: | | | |

Professional characteristics

Main occupation (check only one item)

Professional artist/craftsperson Teacher Other

What art training do you have?

| | Place of training | | |
|--|--------------------------|--------------------------|--------------------------|
| | Québec | Other province | Other country |
| <input type="checkbox"/> University degree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cegep diploma or equivalent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Degree or diploma from a public institution (conservatory, national school, or other institution) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Diploma or certificate from a private art school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Training with one or more recognized artists | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other art training (specify) _____ | | | |
| <input type="checkbox"/> Self-taught | | | |

Have you participated in skills upgrading sessions in the last three years? Yes No

Québec Other province France United States

Other country (specify) _____

Have you received grants during the past three years? Yes No

CALQ Ministère de la Culture, des Communications et de la Condition féminine du Québec

Canada Council for the Arts Other public organization or private company

Please indicate your income over the past year:

Under \$20 000 \$20 000 to \$29 999 \$30 000 to \$39 999 \$40 000 or more

For what proportion of your overall income does income from your artistic activities account?

Under 25% 25% to 49% 50 % to 74% 75% or more

Has your work been disseminated outside Québec over the past three years or have you participated in the promotion of Québec works outside Québec? Yes No

Other province France United States Other country

Submission of applications

| Discipline | |
|------------------------|----------|
| Circus arts | Montréal |
| Multidisciplinary arts | Montréal |
| Songwriting | Québec |
| Dance | Montréal |
| Music | Montréal |
| Non-classical music | Québec |
| Theatre | Québec |

| Offices of the CALQ | |
|---|---|
| Québec | Montréal |
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| Web Site: www.calq.gouv.qc.ca | |